heckup/Test	Prevention Schedule*	Date/Results				Health Conditions/Hospitalizations
Blood Pressure	Every office visit.					
Weight/Height/BMI	Every office visit.					
Cholesterol /Lipid profile preferred	Minimum every 5 yrs.					
Pap Smear	Minimum every 3 yrs up to 65 yrs.					
Mammogram/Clinic Breast Exam	Every 1-2 yrs at ∃ 40 yrs.					**Allergies**:
Colon/Rectal	∃50 yrs FOB annually, or Sigmoid every 5 yrs, or Colonoscopy every 10 yrs.					Blood Pressure Goal / Cholesterol Goal
Diabetes	40 – 65 yrs every 3 yrs.					Weight Goal / Other Goal
Prostate	50-65 yrs. or shared decision.					
Bone density	65 yrs. or 60 yrs if at risk.					
Flu shot	Yearly if ∃65 yrs.					**Daily Goals**
Pneumonia	65 yrs & booster in 5 yrs.					Calories/Fat / Minimum Time
Td	Every 10 yrs.					Veggies / Minimum Steps
Dental/vision	Every 6-12 months.					
Other						Fruit / Other

* More Often If At Risk.

Name of medicine	Dose	Schedule

General Advise/Other Information:

Lifestyle Changes

- ☐ Don't Smoke. If you smoke, choose a plan to quit.
- ☐ Limit your alcohol to no more than 2 drinks per day for men or one drink per day for women.

Eating

- ☐ One of the most important factors for health is a healthy weight. Work with your provider to determine your target weight
- ☐ Try to eat 5 **or more** servings of fruits and vegetables per day.
- ☐ If high blood pressure, ask your provider about the DASH diet (Dietary Approaches to Stop Hypertension) www.nhlbi.nih/gov/health/publiv/heart/hbp/dash to obtain a copy of the diet.

Physical Activity

- ☐ Be physically active every day. Do moderate physical activity at least 30 min. per day or 10,000 steps daily.

Managing Your Chronic Illness

- ☐ See your provider on a regular basis.
- ☐ Work with your provider to develop goals and keep records of your progress.
- ☐ Take medications exactly as prescribed.
- ☐ Don't stop medicines without informing your provider.

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Patient Health Record

Name:_____

Phone:_____

Provider's Name/Phone:

_____

_____

Insurance Information:

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